



Cherry
SYSTEMS

DATA
RECOVERY

Data Recovery Client Information Form

Date:		Contact Name:	
Company Name (if company drive):			
Address:			
City, State, Zip:			
Cell #:		Home #:	Work #:
Email Address:			
How did you hear about us? ____ Google ____ Other Search Engine ____ Computer Repair Shop ____ IT Dept. ____ Previous Customer ____ Other			
Media Type: <input type="checkbox"/> Hard Drive <input type="checkbox"/> SSD <input type="checkbox"/> Flash Drive <input type="checkbox"/> SD Card ____ Other			
Drive Make:		Storage Capacity:	
Serial #:		Operating System: Windows OR Mac	
Which folders & files are most important to you? <i>(This does not effect your recovery as we will pull all data we can from your drive.)</i> <input type="checkbox"/> Audio Files/Music <input type="checkbox"/> Emails <input type="checkbox"/> Photos <input type="checkbox"/> Financial Data <input type="checkbox"/> Videos <input type="checkbox"/> My Documents <input type="checkbox"/> Desktop Files <input type="checkbox"/> Other Files/Folders (please list): _____			
Symptoms / Description of problem (clicking, drive not recognized, dropped, etc): 			
Any additional information you would like us to know about the drive or what happened: 			

Questions? Please contact us.

770.955.2395 or recovery.advisor@cherrysystems.com

www.CherrySystems.com